

UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND
OFFICE OF THE CLERK

Felicia C. Cannon, Clerk
Catherine M. Stavlas, Chief Deputy
Elizabeth B. Snowden, Chief Deputy

Reply to Northern Division Address

December 8, 2020

FILED _____ ENTERED _____
LODGED _____ RECEIVED _____

Lisa Fore 64389-037
Federal Correctional Institution
Route 37
Danbury, CT 06811

MAR 24 2021

AT BALTIMORE
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND
BY *[Signature]* DEPUTY

Re: USA v. Lisa Fore
1:19-cr-00519-ELH

Dear Lisa Fore:

We have received and docketed your Motion for Compassionate Release seeking a sentence reduction pursuant to 18 U.S.C. § 3582(c)(1)(A), as modified by the First Step Act of 2018. Please be advised that the Office of the Federal Public Defender for the District of Maryland has been appointed to represent any defendant who qualifies for consideration under 18 U.S.C. § 3582(c)(1)(A). This means that if the Federal Public Defender for this District determines that you are eligible for compassionate release, they will secure any supporting documentation, including any necessary transcripts, needed to supplement the motion you have filed with the Court, and you will not have to pay the costs associated with any court documents or filings.

To assist the Office of the Federal Public Defender and the Court in evaluating your Motion for Compassionate Release, please file a request for compassionate release with the warden of your institution as contemplated by 18 U.S.C. § 3582(c)(1)(A) and then file an administrative appeal if the warden denies your request. Please send to the Office of the Federal Public Defender a copy of your request to the warden and any administrative appeal you file. If you are pursuing compassionate release based on a health condition, please mail copies of relevant medical records to the Office of the Federal Public Defender as well. Please address your envelope:

Office of the Federal Public Defender
6411 Ivy Lane, Suite 710
Greenbelt, MD 20770
ATTN: Compassionate Release Attorneys

In addition to contacting the Office of the Federal Defender at the address above, you can email the attorneys handling compassionate release cases at MD_FPD_CR@fd.org.

Accompanying this letter are two standard release forms used by the Bureau of Prisons. If you want the Office of the Federal Public Defender to be able to obtain your records from the Bureau of Prisons, please fill out the attached release forms and mail them to the Office of the Federal Public Defender as well.

Sincerely,

/s/
Felicia C. Cannon, Clerk

By: K. West, Deputy Clerk

enclosures

Northern Division ° 4415 U.S. Courthouse ° 101 W. Lombard Street ° Baltimore, Maryland 21201 ° 410-962-2600
Southern Division ° 240 U.S. Courthouse ° 6500 Cherrywood Lane ° Greenbelt, Maryland 20770 ° 301-344-0660

Visit the U.S. District Court's Web Site at www.mdd.uscourts.gov



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹

Citizenship Status ² Social Security Number ³

Current Address

Date of Birth Place of Birth

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Office of the Federal Public Defender for the District of Maryland

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ Date

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

RELEASE OF INFORMATION CONSENT

U.S. DEPARTMENT OF JUSTICE

BUREAU OF PRISONS

Not for use where consent is needed for participation in drug abuse programs or research projects, or for contact with news media. The appropriate form for each of these areas is to be substituted.

I, Name of Inmate:	X
Register Number:	X
authorize the Federal Bureau of Prisons and its staff to disclose to	
Person or Organization:	Office of the Federal Public Defender, District of Maryland

Please note: Pre-Sentence Reports (PSR) and Statement of Reasons (SOR) should NOT be released to inmates or third parties. Requests for PSR's and SOR's should be made to the sentencing court.

<i>The following information may be released; please initial all that apply:</i>	
Judgment and Commitment Order	X
Most recent Progress Report	X
SENTRY PPPI (Sentencing Information)	X
SENTRY PD15 (Disciplinary Information)	X
SENTRY PP44 (Inmate Profile Information, including housing, education, work assignments, etc.)	X
SENTRY PIDF (Inmate Financial Information, including restitution information)	X
Medical Records	X
Information concerning a request for a Reduction in Sentence, if any (e.g. Inmate request, approval or denial memorandum provided to inmate, relevant administrative remedy).	X
Other Records (please identify specifically):	

Please complete and initial the following:

I understand that I may revoke this consent in writing at any time except to the extent that disclosure has already been made based on that consent.	X
This consent is effective for six months from date of signature.	X

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Inmate Signature:	X
Date:	X